

Request for Grievance Resolution

Grievance Number _____

Note: Please take time to review the Nevada State Health Division's Consumer Ryan White Title II Point of Service Grievance Protocol Guidance, which can be obtained from all service providers. Please type or print clearly, and use additional pages if necessary. Once completed, submit one copy of this form and copies of any supporting documentation to the agency associated with this grievance, retain a copy for your records and mail the attached postcard with the Grievance number noted on the postcard.

Date: _____

I, _____, am requesting resolution of a complaint filed under the
(Client name)

grievance procedures of _____.
(name of agency)

Statement of Grievance

Date of Grievance: _____

Location of Grievance: _____

Names of Involved Parties: _____, _____, _____

Specific Occurrences in Relation to Grievance (include any documentation that may support your grievance):

Prior Attempts to Resolve (please indicate any previous efforts to resolve your complaint including dates and parties involved):

Resolution Sought (please provide a clear statement that reflects the resolution you believe will satisfy your complaint):

Name of Individual (Grievant): _____
(print)

(signature)

Name of Agency: _____

Address: _____

Phone: _____

Fax: _____

* The client filing this grievance should write the Grievance Form Number (see top of this page) on the attached form with the heading "Health Division Record of Grievance, and mail the form to:

Ryan White CARE Coordinator
Bureau of Community Health
Nevada State Health Division
505 E. King St. Rm. 103
Carson City, NV 89701